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Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation

2009

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning

, and ending

G Check all that apply:  Initial return  Initial return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type	Name of foundation <b>NAMASTE FOUNDATION, INC.</b> Number and street (or P O box number if mail is not delivered to street address) <b>187 BAYBERRY LANE</b>	Room/suite	A Employer identification number <b>26-2541411</b>	
See Specific Instructions.	City or town, state, and ZIP code <b>WATCHUNG, NJ 07069</b>		B Telephone number <b>908 769-9501</b>	
H Check type of organization:	<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	C If exemption application is pending, check here ► <input type="checkbox"/> D 1. Foreign organizations, check here ► <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>		
<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))</small>		(a) Revenue and expenses per books	(b) Net investment income	
Revenue	1 Contributions, gifts, grants, etc., received	<b>95,638.</b>	<b>N/A</b>	
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments			
	4 Dividends and interest from securities	<b>136.</b>	<b>136.</b>	<b>STATEMENT 1</b>
	5a Gross rents			
	b Net rental income or (loss) _____			
	6a Net gain or (loss) from sale of assets not on line 10			
	b Gross sales price for all assets on line 6a _____			
	7 Capital gain net income (from Part IV, line 2)		<b>0.</b>	
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
	b Less Cost of goods sold <b>IRS OSC</b>			
11c Gross profit or (loss) <b>2010</b>				
11d Other income				
12 Total. Add lines 1 through 11	<b>95,774.</b>	<b>136.</b>		
13 Compensation of officers, directors, trustees, etc	<b>0.</b>	<b>0.</b>	<b>0.</b>	
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees <b>STMT 2</b>	<b>2,529.</b>	<b>0.</b>	<b>0.</b>	
b Accounting fees				
c Other professional fees				
17 Interest				
18 Taxes <b>STMT 3</b>	<b>2,111.</b>	<b>0.</b>	<b>0.</b>	
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses <b>STMT 4</b>	<b>3,735.</b>	<b>0.</b>	<b>3,735.</b>	
24 Total operating and administrative expenses. Add lines 13 through 23	<b>8,375.</b>	<b>0.</b>	<b>3,735.</b>	
25 Contributions, gifts, grants paid	<b>82,430.</b>		<b>82,430.</b>	
26 Total expenses and disbursements. Add lines 24 and 25	<b>90,805.</b>	<b>0.</b>	<b>86,165.</b>	
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<b>4,969.</b>			
b Net investment income (if negative, enter -0-)		<b>136.</b>		
c Adjusted net income (if negative, enter -0-)			<b>N/A</b>	

GP

Part II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing				
	2 Savings and temporary cash investments		40,509.	15,035.	15,035.
	3 Accounts receivable ► 180.		180.	180.	180.
	Less: allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less: allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable ►				
	Less: allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock	STMT 5	0.	30,468.	52,200.
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment basis ►				
	Less accumulated depreciation ►				
	12 Investments - mortgage loans				
	13 Investments - other				
	14 Land, buildings, and equipment basis ►				
	Less accumulated depreciation ►				
	15 Other assets (describe ► )				
	16 Total assets (to be completed by all filers)		40,689.	45,683.	67,415.
	17 Accounts payable and accrued expenses				25.
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ► )				
	23 Total liabilities (add lines 17 through 22)		0.	25.	
	Foundations that follow SFAS 117, check here ► <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds		0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds		40,689.	45,658.	
	30 Total net assets or fund balances		40,689.	45,658.	
	31 Total liabilities and net assets/fund balances		40,689.	45,683.	

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	40,689.
2 Enter amount from Part I, line 27a	2	4,969.
3 Other increases not included in line 2 (itemize) ►	3	0.
4 Add lines 1, 2, and 3	4	45,658.
5 Decreases not included in line 2 (itemize) ►	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	45,658.

## Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b	NONE				
c					
d					
e					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	{ }		3		

## Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes  No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	94,432.	42,374.	2.228536
2007			
2006			
2005			
2004			

2 Total of line 1, column (d)	2	2.228536
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	2.228536
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	53,421.
5 Multiply line 4 by line 3	5	119,051.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1.
7 Add lines 5 and 6	7	119,052.
8 Enter qualifying distributions from Part XII, line 4	8	86,165.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

## Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here ►  and enter "N/A" on line 1.

Date of ruling or determination letter: \_\_\_\_\_ (attach copy of letter if necessary-see instructions)

b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ►  and enter 1% of Part I, line 2b

c All other domestic foundations enter 2% of line 2b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2009 estimated tax payments and 2008 overpayment credited to 2009

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

6a 750.

6b

6c

6d 750.

7 Total credits and payments. Add lines 6a through 6d

8 Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached

9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11 Enter the amount of line 10 to be Credited to 2010 estimated tax ►

40. Refunded ►

11 707.

## Part VII-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

Yes  No 

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?

1a 

If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities

1b 

c Did the foundation file Form 1120-POL for this year?

1c 

d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:

2 

(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.

3 

e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0.

4a 

2 Has the foundation engaged in any activities that have not previously been reported to the IRS?

4b 

If "Yes," attach a detailed description of the activities

5 

3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

6 

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

7 

b If "Yes," has it filed a tax return on Form 990-T for this year?

8a 

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

8b 

If "Yes," attach the statement required by General Instruction T.

9 

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

10 

• By language in the governing instrument, or

• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

N/A

7 Did the foundation have at least \$5,000 in assets at any time during the year?

If "Yes," complete Part II, col (c), and Part XV.

8a Enter the states to which the foundation reports or with which it is registered (see instructions) ►

NJ

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

8b 

of each state as required by General Instruction G? If "No," attach explanation

9 

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

**Part VII-A Statements Regarding Activities (continued)**

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11  X

12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008? 12  X

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13  X

Website address ► N/A

14 The books are in care of ► GAYLE BERNHAUT Telephone no. ► 908-769-9501  
Located at ► 187 BAYBERRY LANE, WATCHUNG, NJ ZIP+4 ► 07069

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 ► N/A

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):

(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes  X  No

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes  X  No

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes  X  No

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes  X  No

(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes  X  No

(6) Agree to pay money or property to a government official? (Exception Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes  X  No

b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?

Organizations relying on a current notice regarding disaster assistance check here ► N/A

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009? 1c  X

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): N/A

a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?  Yes  X  No

If "Yes," list the years ►       ,       ,       ,       ,       

b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

►       ,       ,       ,       ,       

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes  X  No

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) 3b  N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a  X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? 4b  X

## Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A



5b

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

6b



If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

7b

## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVID BERNHAUT 187 BAYBERRY LANE WATCHUNG, NJ 07060	TRUSTEE 0.50	0.	0.	0.
GAYLE BERNHAUT 187 BAYBERRY LANE WATCHUNG, NJ 07060	TRUSTEE 0.50	0.	0.	0.
ERIC WITMONDT 560 ILLINGWORTH AVENUE ENGLEWOOD, NJ 07631	TRUSTEE 0.50	0.	0.	0.
JACQUELINE WITMONDT 560 ILLINGWORTH AVENUE ENGLEWOOD, NJ 07631	TRUSTEE 0.50	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000



0

**Part VIII** **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of others receiving over \$50,000 for professional services ►

0

**Part IX-A** **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1	<b>N/A</b>	
2		
3		
4		

**Part IX-B** **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	<b>N/A</b>	
2		
3		
<b>Total. Add lines 1 through 3</b>	►	0.

Form 990-PF (2009)

**Part X** Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:

a Average monthly fair market value of securities

b Average of monthly cash balances

c Fair market value of all other assets

d Total (add lines 1a, b, and c)

e Reduction claimed for blockage or other factors reported on lines 1a and

1c (attach detailed explanation)

1e 0.

1a	6,170.
1b	48,065.
1c	
1d	54,235.
2	0.
3	54,235.
4	814.
5	53,421.
6	2,671.

2 Acquisition indebtedness applicable to line 1 assets

3 Subtract line 2 from line 1d

4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)

5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4

6 Minimum investment return. Enter 5% of line 5

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ►  and do not complete this part)

1 Minimum investment return from Part X, line 6

1	2,671.
2a	3.
2b	
2c	3.
3	2,668.
4	0.
5	2,668.
6	0.
7	2,668.

**Part XII** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26

b Program-related investments - total from Part IX-B

2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

3 Amounts set aside for specific charitable projects that satisfy the:

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

6 Adjusted qualifying distributions. Subtract line 5 from line 4

1a	86,165.
1b	0.
2	
3a	
3b	
4	86,165.
5	0.
6	86,165.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				2,668.
2 Undistributed income, if any, as of the end of 2008			0.	
a Enter amount for 2008 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008	94,261.			
f Total of lines 3a through e	94,261.			
4 Qualifying distributions for 2009 from Part XII, line 4: ► \$ 86,165.			0.	
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				2,668.
e Remaining amount distributed out of corpus		83,497.		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	177,758.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	177,758.			
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008	94,261.			
e Excess from 2009	83,497.			



## Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SEE STATEMENT 7				
Total			► 3a	82,430.
b Approved for future payment				
NONE				
Total			► 3b	0.

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Line	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		136.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	136.
(See worksheet in line 12 instructions to verify calculations.)					

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2009****Name of the organization****Employer identification number**NAMASTE FOUNDATION, INC.

26-2541411

**Organization type** (check one):**Filers of:** **Section:**Form 990 or 990-EZ  501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organizationForm 990-PF  501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

**NAMASTE FOUNDATION, INC.****26-2541411****Part I** **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<b>DONALD WITMONDT SPECIAL TRUST</b> <b>560 ILLINGWORTH AVENUE</b> <b>ENGLEWOOD, NY 07631</b>	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <span data-bbox="1263 510 1522 552">(Complete Part II if there is a noncash contribution.)</span>
2	<b>DAVID W AND GAYLE D BERNHAUT</b> <b>187 BAYBERRY LANE</b> <b>WATCHUNG, NJ 07069</b>	\$ 30,468.	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <span data-bbox="1263 785 1522 828">(Complete Part II if there is a noncash contribution.)</span>
3	<b>DAVID W AND GAYLE D BERNHAUT</b> <b>187 BAYBERRY LANE</b> <b>WATCHUNG, NJ 07069</b>	\$ 50,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <span data-bbox="1263 1082 1522 1124">(Complete Part II if there is a noncash contribution.)</span>
4	<b>JUDITH I BERNHAUT</b> <b>4404 POINTE GATE DRIVE</b> <b>LIVINGSTON, NJ 07039-1739</b>	\$ 5,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <span data-bbox="1263 1385 1522 1427">(Complete Part II if there is a noncash contribution.)</span>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <span data-bbox="1263 1645 1522 1688">(Complete Part II if there is a noncash contribution.)</span>
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <span data-bbox="1263 1948 1522 1990">(Complete Part II if there is a noncash contribution.)</span>

Name of organization

Employer identification number

NAMASTE FOUNDATION, INC.

26-2541411

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	3,000 SHARES OF CRYOLIFE INC. AND 1,200 SHARES OF WHOLE FOODS MKT INC.	\$ 51,306.	11/23/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

NAMASTE FOUNDATION, INC.

26-2541411

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
SMITH BARNEY	136.	0.	136.
TOTAL TO FM 990-PF, PART I, LN 4	136.	0.	136.

FORM 990-PF

LEGAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY FEES	2,529.	0.		0.
TO FM 990-PF, PG 1, LN 16A	2,529.	0.		0.

FORM 990-PF

TAXES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2008 TAXES	1,361.	0.		0.
2009 TAXES	750.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,111.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
6TH AVENUE HOSIERY, INC ANNUAL REPORT	3,710. 25.	0. 0.		3,710. 25.
TO FORM 990-PF, PG 1, LN 23	3,735.	0.		3,735.

FORM 990-PF

CORPORATE STOCK

STATEMENT 5

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MORGAN STANLEY SMITH BARNEY	30,468.	52,200.
TOTAL TO FORM 990-PF, PART II, LINE 10B	30,468.	52,200.

FORM 990-PF

PART XV - LINE 1A  
LIST OF FOUNDATION MANAGERS

STATEMENT 6

NAME OF MANAGER

DAVID BERNHAUT  
GAYLE BERNHAUT  
ERIC WITMONDT  
JACQUELINE WITMONDT

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 7

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
THE MOUNT SINAI MEDICAL CENTER ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	NONE MEDICAL RESEARCH	EXEMPT	100.
AMERICAN CANCER SOCIETY 767 NORTHFIELD AVE WEST ORANGE, NJ 07052	NONE MEDICAL RESEARCH	EXEMPT	200.
RAMAPO COLLEGE FOUNDATION 505 RAMAPO VALLEY ROAD MAHWAH, NY 07430	NONE EDUCATION	EXEMPT	318.
OUR LADY OF FATIMA CATHOLIC CHURCH 105 N LA ESPERANZA SAN CLEMENTE, CA 92672	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	EXEMPT	100.
WILDLIFE CONSERVATION SOCIETY 25745 BASSETT LANE LOS ALTOS, CA 94022	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	EXEMPT	318.
MATT'S PROMISE FOUNDATION PO BOX 854 MILLBURN, NJ 07041	NONE MEDICAL RESEARCH	EXEMPT	3,000.
DWIGHT-ENGLEWOOD SCHOOL 315 E PALISADE AVENUE ENGLEWOOD, NJ 07631	NONE EDUCATION	EXEMPT	5,500.
GEORGETOWN UNIVERSITY LAW 600 NEW JERSEY AVENUE WASHINGTON, DC 20001	NONE EDUCATIONAL	EXEMPT	500.

NAMASTE FOUNDATION, INC.

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KIDS OF NYU FOUNDATION, INC.  
902 BROADWAY, SUITE 1603 NEW  
YORK, NY 10003

NONE  
MEDICAL RESEARCH

EXEMPT

500.

FATE  
PO BOX 1157 ENGLEWOOD CLIFFS,  
NJ 07632

NONE  
MEDICAL RESEARCH

EXEMPT

150.

MENTAL HEALTH AMERICA  
2000 N BEAUREGARD STREET, 6TH  
FLOOR ALEXANDRIA, VA 22311

NONE  
MEDICAL RESEARCH

EXEMPT

1,200.

JOSEPH KUSHNER HEBREW ACADEMY  
110 SOUTH ORANGE AVENUE  
LIVINGSTON, NJ 07039

NONE  
EDUCATION

EXEMPT

750.

THE FRESH AIR FUND  
633 THIRD AVENUE, 14TH FLOOR  
NEW YORK, NY 10017

NONE  
SOCIAL, EDUCATIONAL,  
CULTURAL AND  
RECREATIONAL PROGR

EXEMPT

750.

NJN PUBLIC TELEVISION & RADIO  
BOX 777 TRENTON, NJ 08625

NONE  
EDUCATIONAL

EXEMPT

238.

OAK RIDGE PRESBYTERIAN CHURCH  
321 OAK RIDGE ROAD OAK RIDGE,  
NJ 07460

NONE  
SOCIAL, EDUCATIONAL,  
CULTURAL AND  
RECREATIONAL PROGR

EXEMPT

850.

PROJECT A.L.S.  
3960 BROADWAY NEW YORK, NY  
10032

NONE  
SCIENCE RESEARCH

EXEMPT

3,175.

CHILDREN'S HOSPITAL  
201 LYONS AVENUE NEWARD, NJ  
07112

NONE  
MEDICAL RESEARCH

EXEMPT

500.

PUNCH OUT POVERTY INC.  
1015 MADISON AVE NEW YORK, NY  
10075

NONE  
SOCIAL, EDUCATIONAL,  
CULTURAL AND  
RECREATIONAL PROGR

EXEMPT

1,000.

NAMASTE FOUNDATION, INC.

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COLLIER SERVICES FOUNDATION 160 CONOVER ROAD WICKATUNK, NJ 07765	NONE EDUCATION	EXEMPT	200.
SUSAN G. KOMEN FOR THE CURE 2 PRINCESS ROAD, SUITE D LAWRENCEVILLE, NJ 08648	NONE MEDICAL RESEARCH	EXEMPT	200.
BACHMANN-STRAUSS DYSTONIA & PARKINSON FOUNDATION 551 FIFTH AVENUE NEW YORK, NY 10176	NONE MEDICAL RESEARCH	EXEMPT	317.
PRINCETON FOOTBALL ASSOCIATION 21 JADWIN GYM PRINCETON, NJ 08544	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	397.
JEWISH HOME FOUNDATION 10 LINK DRIVE NORTHLVALE, NJ 07647	NONE CARE, PROGRAMS, AND SERVICES TO SENIORS AND THE ELDERLY	EXEMPT	159.
NATIONAL MULTIPLE SCLEROSIS 733 THIRD AVE, 3RD FLOOR NEW YORK, NY 10017	NONE MEDICAL RESEARCH	EXEMPT	1,225.
NEW JERSEY STATE FIREMEN'S MUTUAL BENEVOLENT ASSOCIATION 1447 CAMPBELL STREET RAHWAY, NJ 07065	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	EXEMPT	75.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE MEDICAL RESEARCH	EXEMPT	200.
PARKINSON'S DISEASE FOUNDATION 1359 BROADWAY NEW YORK, NY 10018	NONE MEDICAL RESEARCH	EXEMPT	265.
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	150.

NAMASTE FOUNDATION, INC.

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TEMPLE SINAI 3100 MILITARY ROAD NW WASHINGTON, DC 20015	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGRAMS	EXEMPT	500.
CHARLIE'S CHAMPION FOUNDATION 79 BROOK STREET GARDEN CITY, NY 11530	NONE MEDICAL RESEARCH	EXEMPT	500.
SHELTER OUR SISTERS 405 STATE STREET HACKENSACK, NJ 07601	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	794.
CONNECTICUT ECONOMIC RESOURCE CENTER (CERC) 805 BROOK STREET ROCKY HILL, CT 06067	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	793.
WATCHUNG HILLS REGIONAL SCHOOL 108 STIRLING ROAD WARREN, NJ 07059	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	100.
LIVINGSTON SYMPHONY ORCHESTRA 30 ROBERT HARP DRIVE LIVINGSTON, NJ 07039	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	320.
JEWISH VOCATIONAL SERVICE 225 BUSH STREET SAN FRANCISCO, CA 94104	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	250.
UNIVERSITY OF MICHIGAN REGENTS OF THE UNIVERSITY ANN ARBOR, MI 48109	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	39,286.
WATCHUNG RESCUE SQUAD 10 STIRLING ROAD WATCHUNG, NJ 07069	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	700.
FRIENDSHIP CIRCLE 66 W MOUNT PLEASANT AVENUE LIVINGSTON, NJ 07039	NONE MEDICAL RESEARCH	EXEMPT	50.

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UJA FEDERATION 130 EAST 59TH STREET NY 10022	NONE MEDICAL RESEARCH	EXEMPT	7,000.
WORLD WILDLIFE FUND 1250 TWENTY-FOUR STREET, NW WASHINGTON, DC 20090	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	900.
PACIFICA 1925 MARTIN LUTHER KING JR WAY BERKELEY, CA 94704	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	100.
SMITHSONIAN INSTITUTE 1100 JEFFERSON DRIVE, SUITE 3150 WASHINGTON, DC 20560	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	350.
JUVENILE DIABETES RESEARCH FOUNDATION 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	NONE MEDICAL RESEARCH	EXEMPT	200.
RARE CONSERVATION 1840 WILSON BLVD, SUITE 204 ARLINGTON, VA 22201	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	750.
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4072 PITTSFIELD, MA 01202	NONE MEDICAL RESEARCH	EXEMPT	100.
LUPUS FOUNDATION OF AMERICA INC. 2000 L STREET, NW SUITE 710 WASHINGTON, DC 20036	NONE MEDICAL RESEARCH	EXEMPT	100.
HOOP-A-PALUZA, INC. 65 LIVINGSTON AVENUE ROSELAND, NJ 07068	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	250.
YESHIVA GEDOLA OHR YISROEL 2899 NOSTRAND AVENUE BROOKLYN, NY 11229	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	360.

NAMASTE FOUNDATION, INC.

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SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY LOS ANGELES, CA 90035	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	500.
MUSEUM OF TOLERANCE 9786 WEST PICO BLVD LOS ANGELES, CA 90035	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	500.
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD BETHESDA, MD 20814	NONE MEDICAL RESEARCH	EXEMPT	200.
ALL STARS PROJECT 543 WEST 42ND STREET NEW YORK, NY 10036	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	350.
CHILDREN'S DEFENSE FUND 15 MAIDEN LANE, SUITE 1200 NEW YORK, NY 10038	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	115.
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE 251 H ST, NW WASHINGTON, DC 20001	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	180.
THE JEWISH MUSEUM 1109 5TH AVE NEW YORK, NY 10128	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	250.
NEW JERSEY SYMPHONY ORCHESTRA 60 PARK PLACE NEWARK, NJ 07102	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	100.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE MEDICAL RESEARCH	EXEMPT	225.
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET NEW YORK, NY 10011	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	750.

NAMASTE FOUNDATION, INC.

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AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	115.
GREEN AMERICA 1612 K STREET NW, SUITE 600 WASHINGTON, DC 20006	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	100.
ORGANIC CONSUMERS ASSOCIATION 6771 SOUTH SILVER HILL DRIVE FINLAND, MN 55603	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	100.
ORPHANED STARFISH FOUNDATION INC. 527 3RD AVENUE, SUITE 204 NEW YORK, NY 10016	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	1,250.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	750.
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	1,125.
BEST DAY FOUNDATION (WANDERERS MC) 567 AUTO CENTER DR, SUITE 6 WATSONVILLE, CA 95076	NONE SOCIAL, EDUCATIONAL, CULTURAL AND RECREATIONAL PROGR	EXEMPT	80.
TOTAL TO FORM 990-PF, PART XV, LINE 3A			82,430.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	<b>NAMASTE FOUNDATION, INC.</b>	26-2541411
	Number, street, and room or suite no. If a P.O. box, see instructions <b>187 BAYBERRY LANE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WATCHUNG, NJ 07069</b>	

Check type of return to be filed(file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input checked="" type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**GAYLE BERNHAUT**

- The books are in the care of ► **187 BAYBERRY LANE - WATCHUNG, NJ 07069**

Telephone No ► **908-769-9501** FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ►

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2009** or►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,500.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	2,500.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).			
<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization  <b>NAMASTE FOUNDATION, INC.</b>		Employer identification number  <b>26-2541411</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>187 BAYBERRY LANE</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>WATCHUNG, NJ 07069</b>		

**Check type of return to be filed** (File a separate application for each return):

Form 990    Form 990-EZ    Form 990-T (sec. 401(a) or 408(a) trust)    Form 1041-A    Form 5227    Form 8870  
 Form 990-BL    Form 990-PF    Form 990-T (trust other than above)    Form 4720    Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**GAYLE BERNHAUT**

- The books are in the care of ► **187 BAYBERRY LANE - WATCHUNG, NJ 07069**

Telephone No ► **908-769-9501**   FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning , and ending .

6 If this tax year is for less than 12 months, check reason:  Initial return    Final return    Change in accounting period

7 State in detail why you need the extension

**TAXPAYER REQUESTS ADDITIONAL TIME TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	<b>2,500.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	<b>3,250.</b>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► *Barbara M. Ostrom* Title ► *CPA*

Date ► *8/11/10*

Form 8868 (Rev. 4-2009)

Deming Malone Livesay & Ostroff 9300 Shelbyville Rd, Suite 1106

ID #61-1064249   Louisville, Ky 40222-5187

